

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: January 7, 2025

[X] Consent [] Regular
[] Ordinance [] Public Hearing

Department
Submitted By: Community Services
Submitted For: Ryan White Program

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) ratify the signature of the Mayor on the Ryan White HIV/AIDS Program (RWHAP) Part A Emergency Relief Grant application...
B) ratify the signature of the Mayor on the Ending the HIV Epidemic (EHE) Grant Application...
C) delegate to the County Administrator, or designee, signatory authority on additional forms...

Summary: The RWHAP Part A Emergency Relief Grant application, in the amount of \$8,074,783 was submitted to HRSA on October 1, 2024. The funding requested for Grant Year (GY) 2025 represents a 5% increase from GY 2024...

The EHE Grant application was submitted to HRSA on November 5, 2024, requesting \$5,000,000 for the first year, with an additional \$500,000 increase each subsequent year, totaling \$30,000,000 over five (5) years.

Background and Justification: The BCC has been receiving the Ryan White HIV Emergency Relief Project Grant since 1994, and has assisted thousands of people with HIV/AIDS with core medical and support services.

- Attachments:
1. Ryan White HIV/AIDS Program Part A Emergency Relief Grant
2. Ending the HIV Epidemic Grant Application

Recommended By: [Signature]
Department Director Date

Approved By: [Signature]
Assistant County Administrator Date 12-13-24

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

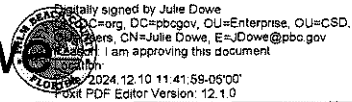
Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			
No. ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes No X
 Is this item using Federal Funds? Yes X No
 Is this item using State Funds? Yes No X

Budget Account No.:
 Fund 1010 Dept 142 Unit VAR Object VAR Program Code VAR Program Period VAR

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 No fiscal impact for this item. Grant application only. Fiscal impact will be completed upon receipt of grant award.

Julie Dowe



C. Departmental Fiscal Review: _____
 Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

Lawrence 12/10/2024
 OFMB ESW 12-10-24

Brandi Mack 12/10/24
 Contract Development and Control
 ZG 12.10.24

B. Legal Sufficiency:

Anne Delmont 12-11-24
 for Assistant County Attorney Delana Delmont

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.



WORKSPACE FORM

1-800-518-4726
SUPPORT@GRANTS.GOV

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-054
Opportunity Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
Opportunity Package ID:	PKG00287269
CFDA Number:	93.914
CFDA Description:	HIV Emergency Relief Project Grants
Competition ID:	HRSA-25-054
Competition Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
Opening Date:	07/03/2024
Closing Date:	10/01/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Chrissy Abrahms Woodland at (301)443-1373 or email CAbrahmswoodland@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01413317
Application Filing Name:	PBC GY25 RWHAP Part A Grant
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Sep 24, 2024 10:19:47 PM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> County of Palm Beach		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 596000785	* c. UEI: <input type="text"/> XL2DNFMPCR44	
d. Address:		
* Street1: <input type="text"/> 301 N. Olive Ave	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text"/> West Palm Beach	<input type="text"/>	
County/Parish: <input type="text"/> Palm Beach	<input type="text"/>	
* State: <input type="text"/> FL: Florida	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text"/> USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: <input type="text"/> 33401-4703	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text"/> Community Services Department	Division Name: <input type="text"/> HIV Elimination Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> Dr.	* First Name: <input type="text"/> Casey	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text"/> Messer	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text"/> Program Manager		
Organizational Affiliation: <input type="text"/> Palm Beach County		
* Telephone Number: <input type="text"/> 561-355-4730	Fax Number: <input type="text"/>	
* Email: <input type="text"/> cmesser@pbc.gov		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.914

CFDA Title:

HIV Emergency Relief Project Grants

*** 12. Funding Opportunity Number:**

HRSA-25-054

* Title:

Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program

13. Competition Identification Number:

HRSA-25-054

Title:

Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

West Palm Beach, FL EMA Ryan White Part A Emergency Relief Grant Program FY25

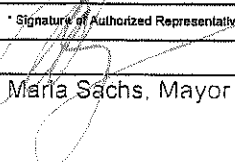
Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="FL-022"/>	* b. Program/Project: <input type="text" value="FL-022"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Download Attachments"/> <input type="button" value="Delete Attachments"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="03/01/2025"/>	* b. End Date: <input type="text" value="02/29/2028"/>
18. Estimated Funding (\$):	
* a. Federal: <input type="text" value="3,074,733.00"/>	Approved as to form and legal sufficiency: By: <u>Helena C. Hoig</u> Assistant County Attorney Attest: Joseph Abruzzo, Clerk and Comptroller By: _____ Deputy Clerk
* b. Applicant: <input type="text" value="0.00"/>	
* c. State: <input type="text" value="0.00"/>	
* d. Local: <input type="text" value="0.00"/>	
* e. Other: <input type="text" value="0.00"/>	
* f. Program Income: <input type="text" value="0.00"/>	
* g. TOTAL: <input type="text" value="3,074,733.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <input type="text"/>	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="Maria"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Sachs"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Mayor"/>	
* Telephone Number: <input type="text" value="901-355-2305"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="msachs@pbcgov.org"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission"/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission"/>


 Maria Sachs, Mayor

The document you are trying to load requires Adobe Reader 8 or higher. You may not have the Adobe Reader installed or your viewing environment may not be properly configured to use Adobe Reader.

For information on how to install Adobe Reader and configure your viewing environment please see http://www.adobe.com/go/pdf_forms_configure.

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Opportunity Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
Opportunity Package ID:	PKG00287269
CFDA Number:	93.914
CFDA Description:	HIV Emergency Relief Project Grants
Competition ID:	HRSA-25-054
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Opening Date:	07/03/2024
Closing Date:	10/01/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Chrissy Abrahms Woodland at (301)443-1373 or email CAbrahmswoodland@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01413317
Application Filing Name:	PBC GY25 RWHAP Part A Grant
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Grants.gov Lobbying Form
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Sep 24, 2024 10:22:56 PM EDT
Form State:	No Errors

FORM ACTIONS:

OMB Number: 4040-0013
Expiration Date: 02/28/2025

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
County of Palm Beach	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: Mrs.	* First Name: Maria Middle Name:
* Last Name: Sachs	Suffix:
* Title: Mayor	
* SIGNATURE: Completed on submission to Prints.gov	* DATE: Completed on submission to Prints.gov

Maria Sachs, Mayor

Approved as to form and legal sufficiency:

Signed by:

Helene C. Haigh

06326493382478

By Assistant County Attorney

Attest: Joseph Abruzzo
Clerk and Comptroller

By: Deputy Clerk

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CFDA Description:	HIV Emergency Relief Project Grants
Competition ID:	HRSA-25-054
Competition Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
Opening Date:	07/03/2024
Closing Date:	10/01/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Chrissy Abrahms Woodland at (301)443-1373 or email CAbrahmswoodland@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01413317
Application Filing Name:	PBC GY25 RWHAP Part A Grant
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Budget Information for Non-Construction Programs (SF-424A)
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	Sep 24, 2024 10:15:25 PM EDT
Form State:	No Errors

FORM ACTIONS:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Administrative (Part A + MAI)	93.914	\$	\$	\$ 807,478.00	\$	\$ 807,478.00
2. CQM (Part A + MAI)	93.914			403,739.00		403,739.00
3. HIV Services (Part A + MAI)	93.914			6,863,566.00		6,863,566.00
4.						
5. Totals		\$	\$	\$ 8,074,783.00	\$	\$ 8,074,783.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Administrative (Part A + MAI)	(2) COM (Part A + MAI)	(3) HIV Services (Part A + MAI)	(4)	
a. Personnel	\$ 490,031.00	\$ 173,319.00	\$	\$	\$ 663,350.00
b. Fringe Benefits	191,001.00	67,528.00			258,529.00
c. Travel	8,906.00	754.00			9,660.00
d. Equipment					
e. Supplies	2,670.00	675.00			3,345.00
f. Contractual	49,500.00	155,136.00	6,863,566.00		7,068,202.00
g. Construction					
h. Other	65,370.00	6,327.00			71,697.00
i. Total Direct Charges (sum of 6a-6h)	807,478.00	403,739.00	6,863,566.00		\$ 8,074,783.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 807,478.00	\$ 403,739.00	\$ 6,863,566.00	\$	\$ 8,074,783.00
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Administrative (Part A + MAI)	\$	\$	\$	\$	
9. CGM (Part A + MAI)					
10. HIV Services (Part A + MAI)					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 8,074,783.00	\$ 2,018,695.00	\$ 2,018,696.00	\$ 2,018,696.00	\$ 2,018,696.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 8,074,783.00	\$ 2,018,695.00	\$ 2,018,696.00	\$ 2,018,696.00	\$ 2,018,696.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Administrative (Part A + MAI)	\$ 807,478.00	\$ 807,478.00			
17. CGM (Part A + MAI)	403,739.00	403,739.00			
18. HIV Services (Part A + MAI)	6,863,566.00	6,863,566.00			
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 8,074,783.00	\$ 8,074,783.00			
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: \$8,074,783	22. Indirect Charges: 0				
23. Remarks:					

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Competition ID:	HRSA-25-054
Competition Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
Opening Date:	07/03/2024
Closing Date:	10/01/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Chrissy Abrahms Woodland at (301)443-1373 or email CAbrahmswoodland@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01413317
Application Filing Name:	PBC GY25 RWHAP Part A Grant
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Key Contacts
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Sep 24, 2024 10:29:03 PM EDT
Form State:	No Errors

FORM ACTIONS:

Key Contacts Form

*** Applicant Organization Name:**
County of Palm Beach

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Director

Prefix: Dr.

*** First Name:** Casey

Middle Name:

*** Last Name:** Messer

Suffix:

Title: Program Manager

Organizational Affiliation:
Palm Beach County Board of Commissioners

*** Street1:** 810 Datura St

Street2:

*** City:** West Palm Beach

County: Palm Beach

*** State:** FL: Florida

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 33401-5204

*** Telephone Number:** 561-355-4730

Fax:

*** Email:** cmessex@pbc.gov

Next Person



WORKSPACE FORM

1-800-518-4726
SUPPORT@GRANTS.GOV

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-063
Opportunity Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00287738
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America <input type="checkbox"/> Ryan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-25-063
Competition Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opening Date:	08/22/2024
Closing Date:	10/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov


APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Oct 21, 2024 03:49:31 AM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="County of Palm Beach"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="596000785"/>	* c. UEI: <input type="text" value="XL2DNFMPCR44"/>	
d. Address:		
* Street1: <input type="text" value="301 N. Olive Ave"/>	Street2: <input type="text"/>	
* City: <input type="text" value="West Palm Beach"/>	County/Parish: <input type="text" value="Palm Beach"/>	
* State: <input type="text" value="FL: Florida"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="33401-4703"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Community Services Department"/>	Division Name: <input type="text" value="HIV Elimination Services"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Casey"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Messer"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Program Manager"/>	
Organizational Affiliation: <input type="text" value="Palm Beach County"/>		
* Telephone Number: <input type="text" value="561-355-4730"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="cmesser@pbc.gov"/>		

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type: B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency: Health Resources and Services Administration	
11. Catalog of Federal Domestic Assistance Number: 93.686	
CFDA Title: Ending the HIV Epidemic: A Plan for America <input type="checkbox"/> Ryan White HIV/AIDS Program Parts A and B	
* 12. Funding Opportunity Number: HRSA-25-063	
* Title: Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B	
13. Competition Identification Number: HRSA-25-063	
Title: Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachments"/>	
* 15. Descriptive Title of Applicant's Project: Palm Beach County Ending the HIV Epidemic Initiative Phase II	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="FL-022"/>	* b. Program/Project: <input type="text" value="FL-022"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="03/01/2025"/>	* b. End Date: <input type="text" value="02/28/2030"/>
18. Estimated Funding (\$):	
* a. Federal	5,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,000,000.00
Approved as to form and legal sufficiency: By:  Assistant County Attorney	
Attest: Joseph Abruzzo, Clerk and Comptroller By: _____ Deputy Clerk	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="Maria"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Sachs"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Mayor"/>	
* Telephone Number: <input type="text" value="561-355-2205"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="MSachs@pbc.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>


 Maria Sachs, Mayor



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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-063
Opportunity Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00287738
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America <input type="checkbox"/> Ryan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-25-063
Competition Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opening Date:	08/22/2024
Closing Date:	10/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Budget Information for Non-Construction Programs (SF-424A)
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	Oct 23, 2024 02:41:28 AM EDT
Form State:	No Errors

FORM ACTIONS:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006

Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. FY 2025	93.686	\$	\$	\$ 5,000,000.00	\$	\$ 5,000,000.00
2. FY 2026	93.686			5,500,000.00		5,500,000.00
3. FY 2027	93.686			6,000,000.00		6,000,000.00
4. FY 2028	93.686			6,500,000.00		6,500,000.00
5. Totals		\$	\$	\$ 23,000,000.00	\$	\$ 23,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	FY 2025	FY 2026	FY 2027	FY 2028	
a. Personnel	\$ 881,069.00	\$ 922,544.00	\$ 950,220.00	\$ 978,727.00	\$ 3,732,560.00
b. Fringe Benefits	353,375.00	370,008.00	381,109.00	392,542.00	1,497,034.00
c. Travel	35,458.00	35,458.00	35,458.00	35,458.00	141,832.00
d. Equipment					
e. Supplies	48,210.00	34,530.00	34,530.00	34,530.00	151,800.00
f. Contractual	2,690,000.00	2,890,000.00	3,119,500.00	3,348,000.00	12,047,500.00
g. Construction					
h. Other	991,888.00	1,247,460.00	1,479,183.00	1,710,743.00	5,429,274.00
i. Total Direct Charges (sum of 6a-6h)	5,000,000.00	5,500,000.00	6,000,000.00	6,500,000.00	\$ 23,000,000.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 5,000,000.00	\$ 5,500,000.00	\$ 6,000,000.00	\$ 6,500,000.00	\$ 23,000,000.00
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. <input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
9. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
10. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
11. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input style="width: 80%; text-align: right; value: 5,000,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>
14. Non-Federal	\$ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input style="width: 80%; text-align: right; value: 5,000,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 1,250,000.00;" type="text"/>
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Ending the HIV Epidemic	\$ <input style="width: 80%; text-align: right; value: 5,500,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 6,000,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 6,500,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 7,000,000.00;" type="text"/>	
17. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
18. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
19. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input style="width: 80%; text-align: right; value: 5,500,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 6,000,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 6,500,000.00;" type="text"/>	\$ <input style="width: 80%; text-align: right; value: 7,000,000.00;" type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input style="width: 90%;" type="text"/>		22. Indirect Charges: <input style="width: 90%;" type="text"/>			
23. Remarks: <input style="width: 95%;" type="text"/>					



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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-063
Opportunity Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00287738
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America <input type="checkbox"/> Ryan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-25-063
Competition Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opening Date:	09/22/2024
Closing Date:	10/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Project/Performance Site Location(s)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Oct 21, 2024 03:52:05 AM EDT
Form State:	No Errors

FORM ACTIONS:

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)



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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-063
Opportunity Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00207738
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America <input type="checkbox"/> Ryan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-25-063
Competition Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opening Date:	08/22/2024
Closing Date:	10/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Key Contacts
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Oct 21, 2024 03:53:42 AM EDT
Form State:	No Errors

FORM ACTIONS:

Key Contacts Form	
* Applicant Organization Name: County of Palm Beach	
Enter the individual's role on the project (e.g., project manager, fiscal contact).	
* Contact 1 Project Role: Project Director	
Prefix:	Dr.
* First Name:	Casey
Middle Name:	
* Last Name:	Messer
Suffix:	
Title:	Program Manager
Organizational Affiliation:	Palm Beach County Board of Commissioners
* Street1:	810 Datura St
Street2:	
* City:	West Palm Beach
County:	Palm Beach
* State:	FL: Florida
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	33401-5204
* Telephone Number:	561-355-4730
Fax:	
* Email:	cmesser@pbc.gov